

# Tips

Press TAB to go to next field, or use mouse to position cursor in desired field, and click to enter text.

Press SHIFT + TAB to return to previous field.

You can select the page you wish to view or work on by clicking on that page in the “Bookmarks” panel on this window’s left panel.

# Notice

If you have Adobe® Acrobat® Reader® versions 4.0 or 5.0, you can save a blank form to your computer, which you can fill out at your leisure.

However, Acrobat Reader does not allow you to save a completed form. If you close a file into which you have just entered data, you will lose that data. You must print out the completed form before you close the file. Mail the completed printout to the address noted on the form (remember to keep a printed copy for your records).

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State of New Jersey ♦ Department of Labor  
Division of Workers' Compensation

Workers' Compensation Electronic Attorney Calendar Program

If your firm would like to receive your WC hearing Calendar notices via e-mail, please complete this form and fax to:

**WC Tech MIS Unit, Division of Workers' Compensation at 609-292-3758**

The e-mailed Attorney Calendars are available in either "pdf" or Microsoft Word™ format. The "pdf" version, which is identical to the hard copy mailed calendar, requires the use of Adobe™ Acrobat Reader to view and print. A free copy of the software can be obtained by visiting the Adobe Web site ([www.adobe.com](http://www.adobe.com)). The Word™ version, offered in a single column format, allows users to resize or highlight important elements of their lists. To preview a sample calendar in Word, please visit the technology page on our Web site at [www.state.nj.us/labor/wc/courts.htm](http://www.state.nj.us/labor/wc/courts.htm).

Once your application is submitted, you will begin to receive your calendars via e-mail within a week to ten days. The Division will discontinue hard copy mailings to your firm at that time.

If at a later date you would like to change transmission format, or add or delete an existing e-mail address, please notify us by sending another copy of this form, indicating that you would like to revise your account.

**I am setting up a  
new account**

**Yes**

**No**

**I am revising our existing  
e-mail account**

**Yes**

**No**

**Firm Name:**

**Address:**

**Contact Person:**

**Telephone Number:**

**E-mail address(es)  
to be added:**

**E-mail address(es)  
to be deleted:**

**Transmission format:**

**PDF**

**Microsoft Word™**

If you have any questions, please feel free to call our technical support unit at (609) 777-4921, [pPhillip@dol.state.nj.us](mailto:pPhillip@dol.state.nj.us).

Thank you for your participation. It will be of great help in assuring the success of the Division's technology redesign project.

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*Division of Workers' Compensation*

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